U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3-7/1			
1. File Number U - 37/0	2. Fiscal Year Covered From:		
	1 / 1 / 04 Through: 12 / 31 / 04		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael H Pieti	Name Western Council of Industrial Workers		
	Labor Organization File Number 042-066		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
The real restriction of the state of the sta	The design of the second secon		
Street 5740 SE WIllow Street	Street 12788 SE STark St.		
Chy Milwaukie OR	City Portland OR		
State OR ZIP Code + 4 97222	State OR ZIP Code + 4 97233		
5. Position in labor organization. Executive Secretary			
DAGCOCCI VE DECIELALY	The second control of		
Enter appropriate data below if, during the past tiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
gris and the collection was the collection of th	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed <b>Mickel Pick</b> On <b>7/12/05 503-328-023.5</b> Date Telephone Number			

Name of Person Filing Michael H Pieti		File Number U- 37/0		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Regence Blue Cross/Blue Shield				
Trade Name, if any:	a. Labor Organiza	<b>MON</b>		
P.O. Box, Bldg., Room No., if any PO Box 1271	c. Employer			
Street Portland				
State OR ZIP Code + 4 97207-1271			:	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.	···	
Name Bledsoe Health Trust	Meals provided business Meetir	during the course of		
Trade Name, if any:	and the second s		2	
P.O. Box, Bldg., Room No., if any	-		that was many	
Street 2929 NW 31st	11.b. Approximate dollar valu	ue of such dealing. \$47.09		
City Portland	12.a. Nature of interest hel	1907 d segment and 1909 d reg grant regular to the 1907 (1907 d) reg grant regular to the 1907 (1907 d) regular	energene j	
State OR ZIP Code + 4 97210	The second secon			
	Average and the second			
	رجاتار والم		1	
	A CONTRACTOR OF THE CONTRACTOR			
	12,b. Amount.	-0-		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	range of the state		
Name Harlan Bernstein	Meals provide business mea	ded in the course of etings.	A CONTROL CONTROL	
Trade Name, if any: Jolles & Bernstein	CONTRACTOR OF THE PROPERTY OF			
P.O. Box, Bldg., Room No., if any				
Street 721 SW Oak ST 2nd Floor			1	
City Portland	ما معالیه		:	
State   OR   ZIP Code + 4   97203				
13.b. Is the Business an Employer XX or Consultant ?	14.b. Amount of payment.	\$393.08		

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  9. Business deals with:				
	9. Business deals with:			
Name WCIW-TOC Pension				
Trade Name, if any:	a. Labor Organization  X b. Trust			
P.O. Box, Bldg., Room No., if any	**************************************			
Street 2929 NW 31st	c. Employer			
City Portland				
State OR ZIP Code + 4 97210				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name WCIW-TOC Pension Trust	Meals during pension me	etings.		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any		<u> </u>		
Street 2929 NW 31st				
Ch. D. L.	11.b. Approximate dollar value of such deal	ling. \$58.00		
City Portland	12.a. Nature of interest held or income n	eceived.		
State OR ZIP Code + 4 97210				
	12.b. Amount.	-0-		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:	1 6			
Trade Name, II any.		· · · · · · · · · · · · · · · · · · ·		
P.O. Box, Bidg., Room No., if any				
P.O. Box, Bidg., Room No., if any				
P.O. Box, Bldg., Room No., if any				

Name of Person Filing Michael H Pieti	File Number U- 37/0			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Lumber Industry Pension fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2929 NW 31st  City Portland  State OR ZIP Code + 4 97210	9. Business deals with:  a. Labor Organization  XXX b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Lumber Industry Trust  Trade Name, if any:  P.O. Box, Bklg., Room No., if any	Meals provided during course of semi-annual trust meetings.			
Street 2929 NW 31st	11.b. Approximate dollar value of such dealing. \$334.00			
State OR ZIP Code + 4 97210	12.a. Nature of interest held or income received.			
	12.b. Amount0-			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			